

Chapter 13 Plan Form, Revised 10/24/2005

AMENDED CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO. 11-12935

Debtor William Moore SS# XXX-XX-1791 Current Monthly Income \$
Joint Debtor Tiffany Moore SS # XXX-XX-0599 Current Monthly Income \$

Address 8544 Caroma #149, Olive Branch, MS 38654 No. of Dependents _____ Telephone No. 662-

TAX REFUNDS AND EIC FOR DISTRIBUTION: 0

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

Debtor(s) propose to pay a total of \$ 556.06 per month into the plan.

(A) Debtor shall pay \$ 128.50 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.

A payroll deduction order will be issued to Debtor's employer @: Easy Way Food Stores

4545 S. Mendenhall

Memphis, TN 38141

(B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.
A payroll deduction order will be issued to Debtor's employer @: _____

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ _____ @ _____ /mo

State Tax Commission \$ _____ @ _____ /mo Other \$ _____ @ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: _____

beginning _____ in the amount of \$ _____ per month shall be paid:
_____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: _____

in the amount of \$ _____ shall be paid \$ _____ per month:
_____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: _____ BEGINNING _____ @ \$ _____ () PLAN () DIRECT

MTG PMTS TO: _____ BEGINNING _____ @ \$ _____ () PLAN () DIRECT

MTG PMTS TO: _____ BEGINNING _____ @ \$ _____ () PLAN () DIRECT

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO* (*Including interest at _____ %)

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO* (*Including interest at _____ %)

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO* (*Including interest at _____ %)

Debtor's Initials _____ Joint Debtor's Initials _____

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SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

CREDITOR'S NAME & COLLATERAL	AMT OWED	VALUE	INT. RATE	TOTAL TO BE PAID	MONTHLY PAYMENT
1 st Metro – 02 Dodge Neon	\$ 8417.00	\$ 2835.00	7 %	\$ 3368.18	\$ 56.14
Ally – 06 Ford F 150	\$ 14858.00	\$ 13612.50	7 %	\$ 17652.37	\$ 294.21
Amro - trombone	\$ 5036.00	\$ 5036.00	7 %	\$ 5983.13	\$ 99.72
Tower Loan – personal property	\$ 4976.00	\$ 750.00	7 %	\$ 891.05	\$ 14.85
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: ADEQUATE PROTECTION PAYMENTS ARE TO BE PAID TO UNSECURED CREDITORS THAT FILE THEIR PROOFS OF CLAIMS

UNSECURED DEBTS totaling approximately \$ 24470.68 are to be paid in deferred payments to Creditors that have timely filed claims that are not disallowed: IN FULL or 0 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2800.00 Pay administrative costs and debtor's attorney fees
Attorney Fees Previously Paid \$ 00.00 pursuant to Court Order and/or local rules. Attorney fees to be paid through the plan \$ 2800.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)
Heidi S. Milam
P.O. Box 1169
Southaven, MS 38671
Telephone (662) 349-2322 Fax (866) 267-5360
Email Address heidi.milam@yahoo.com

Telephone/Fax _____

DATE: 9/2/11

DEBTOR'S SIGNATURE /s/ William Moore

JOINT DEBTOR'S SIGNATURE /s/ Tiffany Moore

ATTORNEY'S SIGNATURE /s/ Heidi S. Milam